

Weaving Communicative Access into the Fabric of your Health Care Setting

Tips for Implementation and Sustainability
(post Supported Conversation Training)



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[Stroke Rehab Day, Hamilton 2018]

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Instructor Disclosure

Rochelle Cohen-Schneider is employed by the Aphasia Institute

Disclosures:

Financial – Rochelle has a staff position and receives a salary

Nonfinancial – Rochelle has no relevant nonfinancial relationships to disclose



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Learning Objectives

- **Understand** the importance of **Communicative Access** and how to ensure clients can access all facets of treatment
- **Learn** how to identify key variables to include in an **Implementation Plan** to enable **Communicative Access**
- Create an **Implementation Plan** for your unit, service or organization



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Communicative Access

The ability of people with communication challenges to:

- Access services
- Understand information
- Make informed decisions in health care



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How Would Your Patients with Aphasia Answer These Questions?

Asking Questions

7. Could you ask questions about things that are important to you?

Example:



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How Would Your Patients with Aphasia Answer These Questions?

Your Decisions

9. Overall, could you make your own decisions?

Example:



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What does the Patient Experience look like for a patient with aphasia in your organization ?

Patient Experience is defined as

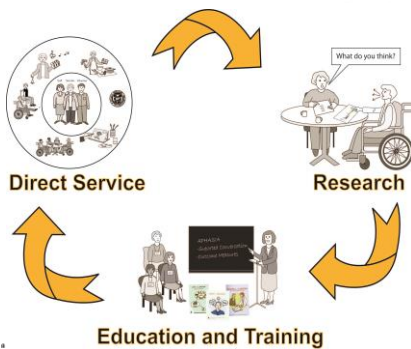
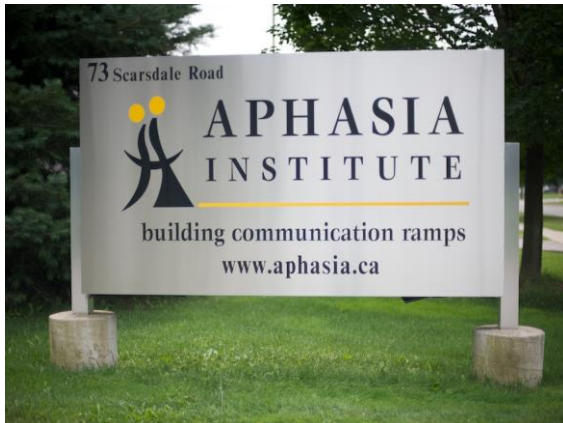
"The sum of all interactions shaped by an organization's culture that influence patient perceptions across the continuum of care"

- The Beryl Institute



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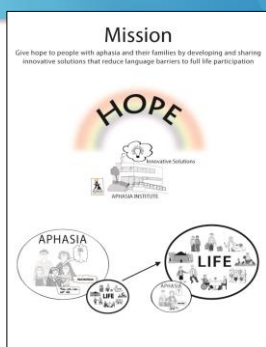
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From the Patient's Perspective – the High Communication Demands of Health Care

Table 9.6 Examples of tasks associated with managing one's own health

Making appointments (doctors, dentists, tests)
Scheduling follow-up visits
Reading and following instructions on prescription bottle
Reading medication warnings
Managing proper nutritional intake
Following a special diet (e.g., diabetic diet)
Performing recommended exercise regimen
Understanding medical instructions (e.g., wound care)
Signing medical consents for treatment
Understanding a medical diagnosis and/or recommendation
Making health care decisions
Managing health insurance
Paying medical bills

From the Health Care Provider's Perspective – Communication Activities in Providing Health Care

- Greeting the patient
- Gathering information
- Opening a discussion
- Asking about life events, circumstances that might affect health
- Including patient in choices/decisions as much as the patient wants to be involved
- Asking if patient has questions, concerns or other issues



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(Rider et al 2007)

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Centrality of Effective Communication in Health Care

Diagnostic Accuracy

Patient Safety

Adherence

Team satisfaction

Patient Expectations

Malpractice Risk



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Institute for Healthcare Communication
www.healthcarecomm.org

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Good Communication Practices Improve Health Outcomes

- Talk is 'the main ingredient' in health care
- Even the technical side of medicine depends on being able to talk to the affected person

Roter and Hall, 1993



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The barrier that aphasia creates

Aphasia is a communication impairment that impacts **identity** and **relationships because of difficulties** speaking, understanding, reading and writing

Aphasia will affect **CONVERSATION** including health care conversations



(Kagan & Simmons-Mackie, 2013)

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Lowering the Communication Barrier - Supported Conversation for Adults with Aphasia™ (SCA)

- Enables **Communicative Access**
- Evidence-based method (Kagan, 1998)
- Communication method improving **conversation** with individuals who have **difficulty expressing** thoughts or **understanding** verbal messages



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An Evidence Based Solution for Reducing Communication Barriers

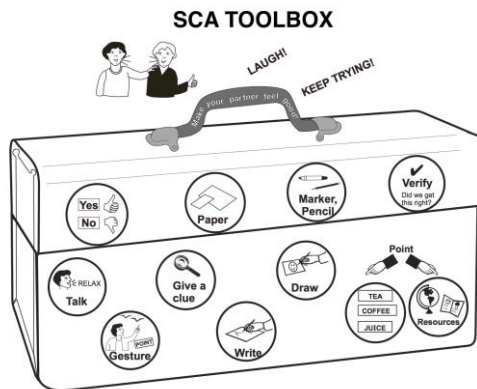
Supported conversation for adults with aphasia (SCA™) is based on the idea that reduced ability and opportunity to engage in conversation affects the way that adults with aphasia are perceived. The less opportunity there is to engage in genuine conversation the less opportunity there is to reveal competence.

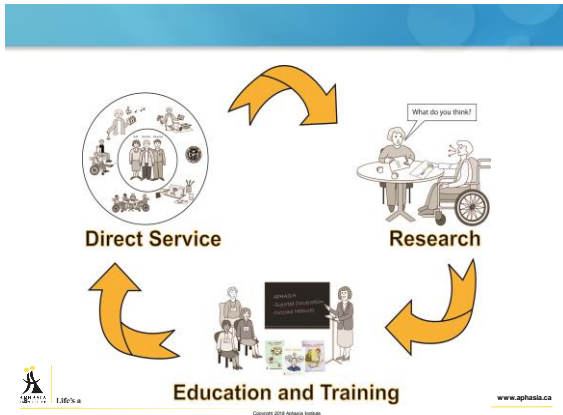
Kagan A. et al. (1995)



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Education and Training Arm

- Designed for all health care providers of patients/clients/persons with aphasia
- On site and off site
- Core SCA™, SCA™ Applications and Train the Trainer

Train the Trainer

Survey results from a bi-annual survey sent to SLPs who have completed the Train the Trainer workshop indicate that in the past six months, 49 *Introduction to SCA* workshops took place with 546 HCPs in attendance.

Since 2004, 8852 HCPs have completed SCA workshops



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A Pilot Project – Implementation of SCA™

- Approached by Toronto West Stroke Network in collaboration with the North and East GTA Stroke Network (“the Stroke Network”) to help with rolling out training – implementation and sustainability
- Project belongs to “the Stroke Network” – Aphasia Institute consultants to this initiative



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DISCLAIMER

I DO NOT HAVE FORMAL EXPERTISE

Knowledge translation

Knowledge transfer

Knowledge transfer and exchange

Knowledge mobilization

Knowledge brokering

Implementation Science



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Pathway to success

- Annual engagement process
- Selected participating organisations
- Sent SLP to attend on site training
- Champion SLP and Manager develop a training plan
- Implementation Plan developed
- "the Stroke Network" together with Managers and SLP work out evaluation process
- Communicative Access identified as a priority
- Commitment of leadership
- Aphasia Institute provides training to improve communication
- Context dependent – not only one way
- Aphasia Institute and "the Stroke Network" develop plan
- Each organisation administers CAMS



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Manager's Vision



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What can YOU do TODAY

- Develop your own skills
- Become an advocate in your system
- Think IMPACT



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Develop your own skills

- Ask for training/refreshers
- Does your organisation/unit have tools and materials to enable Communicative Access (resources, markers, pencils, paper)
- How will you remember to use skills - think of a system ?



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You do NOT have to be a SLP

This training program should be mandatory for all health care providers. Individuals with aphasia do not stop at the SLP door. They need to be able to communicate effectively with all communication partners in all environments.

Training participant Nova Scotia March 2018



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Advocating for change

- You do not have to be a SLP
- Push for language of SCA™ to be used in all team touchpoints (weekly rounds, bullet rounds and other meetings)
- Understand the policies and procedures of your organization – to see where there can be space/overlap to advocate for Communicative Access



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Weave it into the fabric.....



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Keeping SCA top of mind

- “the Stroke Network “ and the Aphasia Institute developed a plan for implementation
 - Phone calls
 - Email
 - Implementation tips



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SCA™ Implementation Tip - Acknowledging Competence

Showing you recognize someone is competent, is the start of a good SCA-interaction.

Did you make your patient with aphasia feel good today, by acknowledging them – not just their caregiver?

Have you felt you created a connection with a patient with aphasia, by acknowledging their competence?

Treating a person with aphasia as inherently competent is a start to helping them to feel like a participant in their own care.



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SCA™ Implementation Tip - Natural Talk

An important SCA™ skill is speaking naturally. Natural talk means speaking with normal loudness, using an adult tone of voice and maintaining a conversational style. After all, you're having a conversation!



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SCA™ Implementation Tip - Yes/No Card

- Giving people with aphasia a way to answer your questions empowers them to participate in, and provide input about, their own care. A great way to do this is with a **Yes/No/Other card**.
- *Are you using the **Yes/No/Other card** to facilitate conversations with your patients with aphasia?*
- Encourage your team members to use the **Yes/No/Other card**, as well as writing down options for pointing, to allow your patients with aphasia to tell you about their challenges, their experiences, and their views on their own care.
- Together we can create a culture in which people with aphasia have a stronger voice.



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Think IMPACT – measure change

Communicative Access Measures for Stroke™ (CAMS)

Suite of surveys that can help a facility/unit **evaluate** the degree to which it is **communicatively accessible** for people with stroke and aphasia.



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CAMS

 COMMUNICATIVE ACCESS
MEASURES FOR STROKE

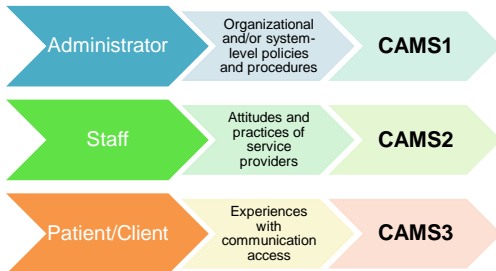
cams.aphasia.ca

Funding from the Ontario Ministry of Health and Long Term Care
through the Ontario Stroke Strategy is gratefully acknowledged



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Opportunities in Using CAMS

Developing:

- **Health equity plans**
- **Accreditation plans**
- **Quality Improvement initiatives**
 - With Patient Satisfaction measures
 - For organizational goal-setting
 - For professional development planning / need assessments
- **Other internal research**
 - Measuring change before / after any intervention
- **External comparisons**
 - By type of facility / region / country / all



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Planning for Sustainable Health Care Change

Goal	Some examples of activities
Aphasia-friendly signage	Add pictographs to signs
Aphasia friendly resources	Develop program specific resources
Improve initial contacts	Train staff; resources available
Aphasia friendly cafeteria	Train staff; improve signage
Improve goal setting process	Use of key words and pictographs
Improve discharge process	Develop adapted information about community resources
Improve stroke education program	Slides with pictographs
Improve family conferences	Meet with client ahead of time to understand the issues; provide handout
Improve team communication	Entire team needs to be good communication partners
Resource teams	Develop a team who can consult with other teams
Promote participation in focus groups	Ensure PWA can participate in facility focus groups
Staff training	All staff trained in SCA™



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Think of Five Ideas to Make your Organization Communicatively Accessible

- Signage
- Who explains what is going to happen /the trajectory of the patients in the organization
- Assessments/investigations
- Sharing results
- Goal setting
- Educating the patient – medication, falls prevention etc.
- DNR orders
- Consent for treatment, procedures and research



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Exciting News about Training !!

Ontario is on its way to leading patient-centred stroke and aphasia care! With the Ontario Ministry of Health's generous support of **\$1.2 million** over three years, key internationally recognized **tools and training developed by the Aphasia Institute will be free in Ontario**. This crucial funding will enable health care providers to offer more accessible and equitable care for those with aphasia.



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With support from MOH we can offer the following to our colleagues in Ontario

- Information about aphasia in an accessible pictographic format
- A large searchable database of pictographic images relevant to aphasia
- A basic e-learning module
- On-site basic SCATM training spots
- Consultation services
- An online quality improvement measure for institutions treating stroke patients
- What Is Aphasia*
- ParticiPics
- 30-40 minute e learning (2019/20)
- 30 spots
- SLP available to support HCP and patients and their significant others
- Communicative Access Measures for Stroke



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